

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/01/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105398	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 05 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/03/2025
NAME OF PROVIDER OR SUPPLIER TIERRA PINES CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7380 ULMERTON RD LARGO, FL 33771	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
(E 000)	Initial Comments A revisit survey was conducted on 03/03/2025 at Tierra Pines Center, a nursing home in Largo, Florida. This was a follow-up to the recertification survey completed on 01/29/2025.	(E 000)		
{K 000}	There were no deficiencies found at the time of the visit. INITIAL COMMENTS A revisit survey was conducted on 03/03/2025 at Tierra Pines Center, a nursing home in Largo, Florida. This was a follow-up to the recertification survey completed on 01/29/2025.	{K 000}		
{K 923} SS=D	The following is description of the deficiencies found at the time of the visit. Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient	{K 923}		3/11/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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03/13/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 923}	<p>Continued From page 1</p> <p>care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interviews, the facility failed to maintain proper storage for medical gas cylinders. Proper storage and handling of compressed gases is vital to the safety of staff, patients, and visitors within the facility.</p> <p>Findings include:</p> <p>On 03/03/2025 between 10:30 AM and 11:30 AM, during the facility tour with the Administrator, it was revealed that the 1st floor clean utility and soiled utility rooms were medical gas is stored had doors to the corridor that would not close, latch and lock to ensure unauthorized entry. An interview was conducted with the RMS concurrent with the observations and confirmed the findings.</p> <p>Per NFPA 99 (2012 Edition) 11.3.2.1, 11.3.2.3(2)</p>	{K 923}	<p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 3/3/25, 1st floor clean utility and soiled utility room doors were immediately assessed for parts to fix the unlatched doors. No negative outcome identified</p> <p>On 3/3/25, 1st floor clean utility and soiled utility keypads were immediately ordered for doors. No negative outcome identified.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken?</p>	

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{K 923}	Continued From page 2	{K 923}	<p>On 3/3/25, an assessment of all rooms where store oxygen cylinders were inspected. No additional areas of concern were found to be affected by the alleged deficient practice.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 3/7/25, 1st floor clean utility and soiled utility room doors were corrected with new lock and latch to ensure proper closure.</p> <p>On 3/7/25, 1st floor clean utility and soiled utility room door keypads were added to ensure authorized entry.</p> <p>On 3/4/25, maintenance staff was educated on the components of K923 Gas Equipment, Cylinder and Container Storage with an emphasis to maintain proper storage for medical gas cylinders by the Administrator/Designee.</p> <p>Any newly hired Maintenance Director will be educated on maintaining proper storage for medical gas cylinders by the Administrator/Designee on the components of K923 Gas Equipment, Cylinder and Container Storage.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>Administrator/designee to conduct door</p>	

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{K 923}	Continued From page 3	{K 923}	<p>and storage audits 2x a week for 4 weeks, then 1x a week for 4 weeks and then monthly for 1 month to ensure proper storage for medical gas cylinders.</p> <p>The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.</p>		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55253	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 05 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/03/2025
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NAME OF PROVIDER OR SUPPLIER TERRA PINES CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7380 ULMERTON RD LARGO, FL 33771
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{K 000}	<p>INITIAL COMMENTS</p> <p>A revisit survey was conducted on 03/03/2025 at Terra Pines Center, a nursing home in Largo, Florida. This was a follow-up to the re-licensure survey completed on 01/29/2025.</p> <p>The following is description of the deficiencies found at the time of the visit.</p>	{K 000}		
{K 923} SS=D	<p>NFPA 99 Gas Equipment - Cylinder and Container Storage</p> <p>Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order</p>	{K 923}		3/11/25

AHCA Form 3020-0001

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{K 923}	<p>Continued From page 1</p> <p>of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain proper storage for medical gas cylinders. Proper storage and handling of compressed gases is vital to the safety of staff, patients, and visitors within the facility.</p> <p>Findings include:</p> <p>On 03/03/2025 between 10:30 AM and 11:30 AM, during the facility tour with the Administrator, it was revealed that the 1st floor clean utility and soiled utility rooms were medical gas is stored had doors to the corridor that would not close, latch and lock to ensure unauthorized entry. An interview was conducted with the RMS concurrent with the observations and confirmed the findings.</p> <p>Per NFPA 101-FI (2021 Edition) 19.1.1.1.3, 4.6.12.1 Per NFPA 99 (2021 Edition) 11.3.2, 11.3.6, 11.3.6.1, 11.3.6.3 (2), 11.3.6.1</p> <p>Class III</p>	{K 923}	<p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 3/3/25, 1st floor clean utility and soiled utility room doors were immediately assessed for parts to fix the unlatched doors. No negative outcome identified</p> <p>On 3/3/25, 1st floor clean utility and soiled utility keypads were immediately ordered for doors. No negative outcome identified.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken?</p> <p>On 3/3/25, an assessment of all rooms where store oxygen cylinders were inspected. No additional areas of concern were found to be affected by the alleged deficient practice.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p>	

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{K 923}	Continued From page 2	{K 923}	<p>On 3/7/25, 1st floor clean utility and soiled utility room doors were corrected with new lock and latch to ensure proper closure.</p> <p>On 3/7/25, 1st floor clean utility and soiled utility room door keypads were added to ensure authorized entry.</p> <p>On 3/4/25, maintenance staff was educated on the components of K923 Gas Equipment, Cylinder and Container Storage with an emphasis to maintain proper storage for medical gas cylinders by the Administrator/Designee.</p> <p>Any newly hired Maintenance Director will be educated on maintaining proper storage for medical gas cylinders by the Administrator/Designee on the components of K923 Gas Equipment, Cylinder and Container Storage.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>Administrator/designee to conduct door and storage audits 2x a week for 4 weeks, then 1x a week for 4 weeks and then monthly for 1 month to ensure proper storage for medical gas cylinders.</p> <p>The findings of these quality monitoring is to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.</p>	

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